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| Case Number: | CM15-0001967 | | |
| Date Assigned: | 01/13/2015 | Date of Injury: | 03/10/2014 |
| Decision Date: | 03/06/2015 | UR Denial Date: | 12/19/2014 |
| Priority: | Standard | Application Received: | 01/05/2015 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: North Carolina
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 58 year old female with a date of injury as 03/10/2014. The current diagnoses include cervical spine strain, wrist/hand sprain, and shoulder impingement. Previous treatments include medications, physical therapy, TENS unit, and prior trial of H-wave unit. Physician's reports dated 07/09/2014 through 12/18/2014, and H-wave compliance report dated 06/24/2014 were included in the documentation submitted for review. Report dated 12/18/2014 noted that the injured worker presented with complaints that included continued pain symptoms which are slowly improving. Physical examination was not documented, the physician noted that no abnormalities were seen on x-ray of the right shoulder and right wrist. H-wave compliance report indicates that the injured worker used the unit for 141 days, range of motion was increased with use , and a 35% improvement was documented. The utilization review performed on 12/19/2014 non-certified a prescription for home H-wave device based on no specific findings, nor any clinical indications were given. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Home H-Wave Device: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation Page(s): 117.

Decision rationale: The California chronic pain medical treatment guidelines section on H-wave stimulation therapy states: H-wave stimulation (HWT) Not recommended as an isolated intervention, but a one-month home-based trial of H Wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain (Julka, 1998) (Kumar, 1997) (Kumar, 1998), or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). In a recent retrospective study suggesting effectiveness of the H-wave device, the patient selection criteria included a physician documented diagnosis of chronic soft-tissue injury or neuropathic pain in an upper or lower extremity or the spine that was unresponsive to conventional therapy, including physical therapy, medications, and TENS. (Blum, 2006) (Blum2, 2006) There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. A randomized controlled trial comparing analgesic effects of H wave therapy and TENS on pain threshold found that there were no differences between the different modalities or HWT frequencies. (McDowell2, 1999) [Note: This may be a different device than the H-Wave approved for use in the US.] The patient has a diagnosis of cervical spine strain, wrist/hand sprain and shoulder impingement. The patient has completed physical therapy and is currently on medications for pain. There is documentation of failure to respond to TENS unit. The patient has documentation of a 30 day trial of H-wave therapy with success. Therefore all criteria for the use of H-wave therapy have been met and the request is certified.